

Meeting Minutes  
Oregon Health Insurance Marketplace Advisory Committee  
Thursday, September 20, 2018 - 12 p.m. to 4 p.m.  
Labor and Industries Building, Room 260  
350 Winter St. NE, Salem, 97301

**Committee members present:** Kraig Anderson, Shonna Butler (by phone), Stephanie Castano, Cindy Condon, Joe Enlet, Dan Field, Jim Houser, Sean McAnulty, Jesse O'Brien, Ken Provencher, Shanon Saldivar, Cameron Smith (ex-officio), Jeremy Vandehey (ex-officio),

**Members excused:** Jenn Welander

**Guests:** Mark Griffith, Helath Care Advocate with OSPIRG; Steve Coates and Kevin Glenn, Coates Kokes

**DCBS staff present**

**Marketplace:**

Chiqui Flowers, Administrator; Elizabeth Cronen, Legislative and Communications Manager; Katie Button, Plan Management Analyst; Cable Hogue, Implementation Analyst and Federal Liaison; Victor Garcia, Operations Development Specialist

**Agenda item and time stamp\***

**Discussion**

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**Welcome and introductions, committee housekeeping**

0:0:00\*

Dan Field brought the meeting to order at 12:20

- The committee moved, seconded, and the members present voted unanimously to approve the meeting minutes from June 7 and April 19, 2018
- Committee Vice-chair Jesse O'Brien has accepted a position with the DCBS Division of Financial Regulation (DFR). He has submitted his resignation to the governor and stepped down from his position on the committee accordingly.
- Mark Griffith, OSPIRG's new Health Care Advocate, has accepted a position on the committee and will be confirmed during the September 2018 legislative days

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**Election of vice chair**

0:03:10

- With Mr. O'Brien's departure, Shanon Saldivar was nominated for vice-chair of the committee
- There were no other nominations. The committee moved to vote on Ms. Saldivar's nomination. The motion was seconded, and the members present voted unanimously to elect ms. Saldivar as Vice-chair of the committee.
- Ms. Condon raised the concern that, with Mr. O'Brien's departure, the balance of the committee was weighted towards stakeholders with a financial interest in the activities of the Marketplace.
- Mr. Field re-iterated the committee's commitment to open, fair, and honest communications, and invited Ms. Condon to express any ideas or concerns about this with the committee at any time.

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**Federal health policy movement**

0:08:10

Stephanie Kennan, with Maguire Woods, delivered the federal health policy movement update by phone

- House wants to recess by Oct. 13, and likely will. Senate is scheduled through Oct. 26, but it is likely that senate will go into pro-forma session after the first week of October, which means that there would be no controversial measures undertaken, but some negotiations can still take place.
  - What happens during the lame duck session after the election will depend on which party controls what house of congress.
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- Texas lawsuit which allowed the zeroing of the individual mandate has heard oral arguments, and is awaiting a decision. Texas has been joined by 21 republican-led states, and opposed by 17 democratic AG's
- Maryland's AG has filed a suit arguing that zeroing the penalty does not remove the tax. Both suits may end up going to the Supreme Court
- There will likely not be a government shutdown, with a proposed continuing resolution through Dec. 7
- The president will likely sign, but has threatened not to in the past unless "the wall" received funding
- Several republican congress members had proposed a bill called the Insuring Coverage for Patients with Pre-existing Conditions Act, that allows insurers not to cover individuals for conditions that are pre-existing conditions

Questions from the committee:

- The committee asked about the delay of the HIT tax. There has been no movement to the contrary so far
- On the final rules for short-term medical plans on the marketplace: Federal policy staff are watching 6 states with republican governors that have laws against short-term policies of the length that the federal rule allows to prevent consumers from being in these policies for too long. Likely will be dealt with in the new year after the lame duck session, and the issue will be how to make the individual market healthier and more viable.
- On the Texas lawsuit: Will the mandate be eliminated? The lawsuit is awaiting initial judgement, and would likely head to the Supreme court. It is unclear what would happen if the mandate was eliminated, and many states and lawmakers are speculating and planning for those possibilities. Short of a public option/Medicare for all, is there anything else that may make a risk pool as large as possible to help with the cost of individual coverage?

Director Smith responded that the landscape is wide, and broad, and multi-layered as each program and its associated agency, such as Medicaid and OHA, are currently trying to fill their own funding gaps. Without the funding of the subsidies and tax credits, replacement funding to make the individual market more affordable to consumers is not immediately apparent. There are mechanisms and strategies that may help act as a stabilization fund that would require broad collaboration between lawmakers and agencies.

- What is Kavanaugh's position on the ACA if appointed to the Supreme Court? If appointed, he would likely argue for striking the individual mandate.

Before moving on to the next topic, Mr. Field introduced Mark Griffith with OSPIRG, who has been selected by the governor and is up for confirmation later in September. Pending confirmation, he will be joining the committee for the Nov. 29 meeting.

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**Open enrollment marketing**

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Ms. Cronen updated the committee on the Marketplace's new advertising contractor, Coates Kokes. In bringing on a new contractor just before the start of open enrollment, the Marketplace would appreciate any feedback on any of the proposed strategies, since none of the proposals are completely set at this point.

She introduced a presentation from Steve Coates and Kevin Glenn from Coates-Kokes

- Some creative materials from the previous open enrollment have been retained
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for efficiency

- New “people like me” concept has focused on creating materials that are inclusive of groups that may have been underrepresented in the advertising in the past – blue-collar sector, middle-income families that may not know that there is help and resources available to them
- “Talk with your friends” creative idea: how can we activate or encourage those that are aware of the Marketplace or health insurance generally to talk to their family and friends about the benefits of health insurance.
- Additional translations of materials into other languages are under way, including Spanish and Russian
- Media channels for the advertising include video and audio streaming services, as well as traditional network and cable television stations, and terrestrial radio.
- Ads will appear in print in local news outlets, including Russian and Spanish-language publications.
- Timelines are tight, but the Marketplace is in position to deliver advertising to the public for open enrollment on Nov. 1
- The committee asked what kinds of research had been done to know what needs underserved populations may have. Mr. Kokes responded that, while not Marketplace-specific, the firm had conducted over 100 focus groups and surveys with under represented and communities of color. Though in the context of OHP, it still informs the Marketplace advertising as well
- Ms. Condon asked if the increased immigration activity may have an impact on participation in the Marketplace due to trust issues with the government. The feedback from our partners has been that consumers in or connected to an immigration status position have been reluctant to participate due to fear.
- Mr. Anderson asked if there are any pre-enrollment efforts: Most of this activity is in-house, by outreach staff at public events. Healthcare.gov will be sending out email reminders starting 2 weeks before open enrollment. The community partner and agent grant programs have also already started, and those are additional advocates for the coming open enrollment
  - Do the carriers have any open enrollment campaigns? The various carriers handle this differently – Moda does have a retention program, Providence has conducted some collaborations with local groups, and other strategies such as email reminders to retain customers. There is no single, unifying strategy for carriers to promote open enrollment.
  - Direct messaging by phone and text has been limited, and handled primarily by CMS since they are the owners of the data.

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**MAC focus area:  
Eligibility and  
enrollment platform  
cost-benefit  
analysis and  
helping lower costs  
for consumers**

Ms. Saldivar and Ms. Castano led a group exercise to discuss the six mission statements of the exchange (Marketplace) found in Senate Bill 1 from 2015 (which is now ORS [741.001](#)). The goal was to determine if the committee feels the current federal enrollment and eligibility platform, healthcare.gov, meets the needs or intent of each mission statement.

Prior to the exercise, the group discussed the previous platform analysis, and Mr. Garcia presented a brief overview of that effort.

- The committee had discussed the previous analysis in May 2016, and the costs at that time had made a switch to a new technology untenable.
- The committee had discussed many considerations, including how this discussion may be playing out in other states. Nevada recently engaged a contractor to switch to a stat-based platform, and New Mexico has conducted an RFI and is

1:02:45

now beginning an RFP to seek out proposals for the same kind of switch.

The committee broke out into 3 groups to begin the exercise, and generated discussion points by assessing whether healthcare.gov facilitated reaching the goals outlined in the legislative intent sections for the Marketplace in ORS 741.001. The results of that exercise and discussion are detailed separately in the document “9-20-18 Enrollment platform analysis exercise summary”.\*\*

Outcomes of the exercise (at 1:29:00 in the meeting audio):

- Healthcare.gov works, but lacks any aspects that would make it customizable for Oregon, and therefore does not help or allow the marketplace to meet all of the criteria outlined in the legislative intent sections of the Marketplace statutes.
- There were a couple of goals that may not be met by *any* platform specifically, and that should be taken into account for an analysis
- The committee would like to move forward with an updated analysis, but based on other state experiences and our current experiences with healthcare.gov.
- The updated analysis should start with this sort of “environmental scan” of the current landscape, but would not move quickly into something like an RFI or RFP
- The committee would like to hear about other states’ experiences from representatives of those exchanges, if possible. Ms. Flowers will reach out to some other exchanges to invite them to a discussion panel at the next meeting.
- Any analysis would not include estimates for integrating a system with the Medicaid system (OHP and the ONE system) – the state of the technology, the timelines for existing related projects, and the overwhelming complexity of that kind of change would not allow for that to be considered at this time.

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## Closing

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\*These minutes include timestamps from the meeting audio in an hours : minutes : seconds format. The meeting audio can be found on the advisory committee web page (link below) under 2018 Meetings, September 20.

\*\* Meeting materials are found on the Oregon Health Insurance Marketplace Advisory Committee website: <http://healthcare.oregon.gov/marketplace/gov/Pages/him-committee.aspx>

\*\*\*Power Point presentation available with the meeting materials on the website.